

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 DEC 27 AM 10:05

lofz

DOCUMENT # P00000034649

1. Corporation Name

JACQUIE B., INC.

Principal Place of Business

11220 SW 67TH AVE  
PINECREST FL 33156

Mailing Address

6619 S DIXIE HWY #256  
MIAMI FL 33156



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

04/05/2000

5. FEI Number

65-097359

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75. Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	BOFILL, JACQUELINE S	11220 SW 67TH AVE	PINECREST FL 33156
VTD	BOFILL, PEDRO L II	11220 SW 67TH AVE	PINECREST FL 33156

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name Manuel Gonzalez, C.P.A.  
Street Address (P.O. Box Number is Not Acceptable) 8180 NW 36ST  
Suite, Apt. #, Etc. #230  
City Miami State FL Zip Code 33166

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Manuel Gonzalez  
REGISTERED AGENT MUST SIGN

Date

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Manuel Gonzalez  
Jacqueline Salazar Bofi II 10/16/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/01)

2 of 2

*Jacque B. Inc.*  
6919 S. Dixie Highway, #256  
Miami, Florida - 33156

October 15, 2001

Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida - 32314

To whom it May Conner:

Enclosed is my application and check in the amount of \$ 150.00. I did not receive the original notice and was advised by your offices that I needed to fill-out the attached application and notify your office in writing about not receiving original documents.

Thank you for your attention.

Sincerely,

  
Jacqueline Salazar Bofill  
Jacque B., Inc.

Enclosures